



State of Arizona
"Protecting the Public's Health"
Naturopathic Physicians Board of Medical Examiners

1400 W. Washington, Ste 230 ♦ Phoenix, AZ 85007

Telephone: (602) 542-8242 ♦ FAX: (602) 542-3093 ♦ www.npbomex.az.gov

Application to ENGAGE IN A PRECEPTORSHIP TRAINING PROGRAM
IN NATUROPATHIC MEDICINE

THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT.

Make a copy of this completed application for your records

The following are required with this application

~ Fees are not refundable ~

- ___ Include a Cashier's Check or Money Order in the amount of \$150.00 (This fee is not prorated)
- ___ Include a Cashier's Check or money order in the amount of \$24.00 payable to DPS
(go to website contact and email us to request a FP Card)
- ___ Include your Official Fingerprint Card completed by an authorized technician.
- ___ Include one (1) passport-size photograph taken within the last 60 days with your signature on the back.
- ___ Citizenship /Alien Status Documentation Required State Law (**A.R.S. § 1-501**)
All applicants must submit documentation regarding their citizenship/alien status with their application. See attached list **A & B** for specific documentation required.

NOTE: Renewal is no later than the expiration date listed on the certificate. Penalty Fee for late renewal \$75.00

I understand:

- The filing of this application grants authority to the Board to obtain information from other licensing agencies and boards in the United States or another country; and
- That any falsification in my application to the Board is adequate cause by the Board to deny my application, and the Board, upon notice to me, may hold a hearing to revoke the Certificate to Engage in a Preceptorship Training Program that is issued to me by the Board; and
- That the Board may report any falsification of information to other licensing agencies and boards; and
- That I am required to report changes in status in regards to this application including address and telephone number changes; and
- That I am required to diagnose and treat patients under the supervision of a physician licensed by the State Board; and
- That if this application is approved, I am required by law to promptly renew this certificate no later than the expiration date listed on the certificate.

When the space provided on this application is not sufficient to answer a question, the applicant shall use a separate sheet of paper to identify the question and provide an answer for that question.

If you will engage in preceptorship training at a location other than the Preceptorship Training Program's facility address listed in this application please list the other sites on a separate sheet of paper:

There will be an applicable fee of \$20.00 for each additional location.

This application may be amended at a later date by notifying the Board of the address of the additional site.

I, _____, hereby make application to the State of Arizona Naturopathic physicians Board of Medical Examiners to be approved by the Board to engage in a preceptorship training program in naturopathic medicine under the supervision of a physician licensed in accordance with Arizona Revised Statutes, Title 32, Seq.,

Legal Name: _____
Last First Middle

Clinic Address: _____

City: _____, **State:** _____ **Zip:** _____ **Phone #:** _____

Residential Address: _____

City: _____, **State:** _____ **Zip:** _____ **Home Phone#** _____

Email Address: _____

Date of Birth: ____/____/____ **Social Security Number** ____/____/____ **Gender:** [] Female [] Male

Citizen Status Declaration: Are you a United States Citizen? Yes____ No____ Attach a legible copy of the front and the back (if any) of a document from the attached **List A** that demonstrates U.S. citizenship.

Name of document provided _____

If you answered NO to this question then complete the question below

Alien Status Declaration: Are you a legal resident authorized to work in the United States? Yes____ No____

Attach a legible copy of the front and the back (if any) of a document from the attached **List B** that evidences your status A.R.S. §1-501. Name of document provided _____

Height: _____ inches ♦ **Weight:** _____ pounds ♦ **Hair Color:** _____ ♦ **Eye Color:** _____

School Information:

Name of Medical School from which you graduated: _____

Address: _____
Number & Street City State Zip

I have requested my transcript with graduation date to be sent to NPBOMEX ____ Yes, ____ NO

Preceptorship Training Program Information:

Program Name: _____

Facility Address: _____
Number & Street City State Zip

Facility Phone Number: _____

Date Preceptorship Training Program Begins: ____/____/____

Anticipated Date of Completion of Preceptorship Training: ____/____/____

Supervising Physician Information ;

Physician Name State of Arizona Physician's License Number

Number & Street City State Zip

< Alternative Format of Submitting Application >

An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at (602) 542-3095.

Answer the Following Questions

- A. Have you ever been charged with, arrested, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? [☐] Yes [☐] No
- B. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [☐] Yes [☐] No
- C. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? [☐] Yes [☐] No
- D. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? [☐] Yes [☐] No
- E. Do you have a complaint pending before any agency? [☐] Yes [☐] No
- F. Have you ever been found guilty of being medically incompetent? [☐] Yes [☐] No
- G. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? [☐] Yes [☐] No
- H. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? [☐] Yes [☐] No
- I. Do you currently have a complaint or open investigation in which you are involved? [☐] Yes [☐] No

***An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions. **The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions A through I.**

I have READ and UNDERSTAND: 32-1561 and R4-18-108

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **being**

first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 200_____

Notary Public Signature _____

My Notary Commission expires _____

Notice To Applicant:

It is your responsibility to have your supervising physician of the Preceptorship Training Program verify that said physician will supervise you in the diagnosis and treatment of patients. The physician is required to be licensed by the Naturopathic Physician's Board of Medical Examiners.

I submitted an application to the State of Arizona Naturopathic Physicians Board of Medical Examiners for approval to engage in a Preceptorship Training Program. I have informed the Board that you are the Supervising Physician of the Preceptorship training program. I request and authorize you to send directly to the State of Arizona Naturopathic Physicians Board of Medical Examiners the information requested.

Print Name _____

Applicant Signature: _____

SUPERVISING PHYSICIAN'S VERIFICATION FORM TO ALLOW A NATUROPATHIC MEDICAL STUDENT INTO A PRECEPTORSHIP TRAINING PROGRAM IN NATUROPATHIC MEDICINE

SUPERVISING PHYSICIAN'S Information

Name: _____ / _____
Print Name Arizona Medical License #

Address: _____
Number & Street City State Zip Code

Information Below To Be Completed By Supervising Physician

Verification of SUPERVISING PHSYICIAN

- A. Will the applicant listed above be supervised by you in the diagnosis and treatment of patients? ☐ YES ☐ NO
- B. Date the applicant will begin training: ____/____/____
- C. Anticipated date the applicant will conclude training: ____/____/____
- D. I hereby verify under oath that I, _____, Arizona physician's license number _____, am licensed as a physician by the State of Arizona and that I will supervise the naturopathic medical student applicant named herein in the diagnosis and treatment of patients.
- E. In the event that I withdraw from supervising the applicant named above, I will immediately notify the Board.
- F. In those events when I am not available, the following Licensed Physician will be my designated supervising physician agent for the applicant named above:

Supervising Physician's Designated agent: _____

Designated Agent's Arizona Physician's License Number: _____

Address of Designated Agent: _____

City, State, Zip: _____

Signature of Supervising Physician: _____ Date _____

READ THE FOLLOWING KEEP THIS INFORMATION FOR YOUR RECORDS

32-1561. Internship, clinical fellowship and preceptorship programs; duties; prohibitions

A. A person who is a graduate of an approved school with a degree of doctor of naturopathic medicine and who wishes to engage in an internship program, a clinical fellowship or a **preceptorship** program shall submit an application for certification as prescribed in section 32-1524.

B. If the application submitted pursuant to subsection A of this section is approved by the board, that person may engage in a board approved internship program, clinical fellowship or **preceptorship** program under the **direct supervision** (*Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.*) of a physician licensed under this chapter or by a physician licensed pursuant to chapter 13, 17 or 29 of this title.

C. The board by rule may prescribe naturopathic medical treatment procedures that a person who is certified under this section may perform under the **direct supervision** (*Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.*) of a physician licensed under this chapter if the board determines that these procedures:1. May be competently performed by the graduate.2. Do not exceed the procedures that the supervising physician has been licensed by this state to perform.D. A person who is certified under this section may do clerical tasks without direct supervision if the tasks do not involve diagnosing or treating a patient's condition.E. If the supervising physician of a person who is certified under this section withdraws from direct supervision, the certificate to engage in the training program held by that person is automatically canceled.F. A person who is certified under this section shall not employ that person's supervising physician and shall not have any financial interest in any business owned by that person's supervising physician.

Furthermore I have **READ** and **UNDERSTAND R4-18-108** regarding the use of title

An UNLICENSED graduate of a Board approved school of Naturopathic Medicine who is certified by the Board to engage in preceptorship training SHALL use the designation “(**PRECEPTEE**)”*after* any of the following designations, Doctor of Naturopathic Medicine, N.M.D., Doctor of Naturopathy, N.D. Naturopath, Naturopathic Physician, or Naturopathic Medical Doctor .

The PRECEPTEE SHALL also ensure that any patient treated by the preceptee **SIGNS AN INFORMED CONSENT TREATMENT FORM STATING CLEARLY THAT THE PRECEPTEE IS UNDERGOING TRAINING, IS NOT LICENSED, AND IDENTIFYING THE NAME OF THE SUPERVISING PHYSICIAN.**

THE PRECEPTEE MUST NOT IN ANY WAY LEAD THE PUBLIC TO BELIEVE THAT HE OR SHE IS A LICENSED NATUROPATHIC PHYSICIAN.

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- (13) A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

e. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

**LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED
INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

_ *I-94 Form with a photograph

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA